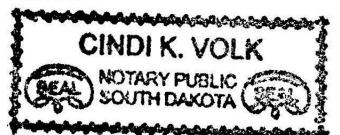
## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Mobridge Tribune 2. DATE Sent			<sup>2. DATE</sup> Sept. 28, 2007
Mobilage Tribune			<u> </u>
. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH 52		PRIC	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)			
(Not printers) 1413 East Grand Crossing, Walworth County, Mobridge, SD 57601			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE			
PUBLISHER (Not printers) 1413 East Grand Crossing, Mobridge, SD 57601			
6. FULL NAME OF PUBLISHER: Larry Atkinson			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS			
Bridge City Publishing, Inc. 1413 East Grand Crossing, Mobridge, SD 57601			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.			
American State Bank, 500 East Sioux, Pierre			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)		3200	3200
B.PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors and		1471	1462
counter sales.		1771	1102
2. Mail Subscription (Paid and or requested)		1536	1543
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		3007	3005
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS		35	14
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		15	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		3057	3019
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing		48	80
2. Return from News Agents		95	101
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)		3200	3200
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public			
I swear that the statements made by me are true, correct, and complete:			
(Signature)  (Signature)  (Signature)  (Title)			
(Signature)	-	1000	(Title)
(Signature)			i day of Oct, 2007
State of South Dakota	)	Sworn to before me this _	1 day of Oct , 2001
County of Wilworth)		Notary Public	
(Seal)		My commission expires: _	10-1-2010

Form: SOS REC 051 7/2004



#7 Stockholders

Lany G. Cottonson 224 9th St. East
Mobildge, 5.D. 57601

Roberta R. Cotton on 224 9th St. East
Mobildge SD 57601